

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8353

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
 (b) Township Castor Primary Registration District No. 6099 Registered No. _____
 (c) City Bloomfield, Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY ADAVILLE COX

(a) Residence, No. Stoddard Co. mo. Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 -HUSBAND OF
 (OR) WIFE OF John Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

13. NAME Jesse Kirby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Adaville Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT John Cox
 (ADDRESS) Bloomfield, Mo. R. F.D.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gravel Hill Cem. DATE Jan. 27, 1940

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
 (ADDRESS) Bloomfield, Missouri

20. FILED Feb. 13, 1940 Loonie Lurch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 - 1940 to Jan. 29, 1940

I last saw her alive on Jan. 27, 1940 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

Double Labor Pneumonia Date of onset 1-26-40

Other contributory causes of importance:

Deafness, Malaria, Chronic Paratyphoid, Nephritis

Name of operation Emp Leg 1937 Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) S. S. Lurch M. D.

(Address) Deerfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM-4-19-38
1 X18605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 2,

District File Number 340-776

Date Filed 3/13/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.